



WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE
Appellate Program

Invoice of
Counsel for Indigent Party

Invoice Date: _____

FOR OPD USE ONLY

Claimant Information (Check is to be payable to)

Firm Name: _____
Attorney Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ SWV No: _____
Contact Name: _____ Email Address: _____

Case Information

Case Name: _____ COA No.: _____
County: _____ Date Notice of Appeal Filed: _____

Invoice (invoice OPD within 60 days of each payment event)

Check Event

Assignment Fee

Case Type: _____ Representing: _____
_____ Dependency/Termination _____ Appellant
_____ RCW 71.09 (SVP) _____ Respondent
_____ Other Civil (describe) _____
_____ Criminal (list most serious charge) _____
_____ PRP (list most serious charge) _____

Brief Fee

Note: electronic copy of brief must accompany invoice

Brief file date: _____ Anders Brief: _____
Total hours to date: _____ Yes _____
VRP: No. of Trial Pages: _____ No _____
VRP: No. of Total Pages: _____
Were you sanctioned? Yes _____ No _____

Closing Fee

Closing date: _____
Hours from brief to closing _____

*I certify (or declare) under penalty of perjury
under the laws of the state of Washington that
the foregoing is true and correct.*

Return form to:

Michele Young, Fiscal and Budget Manager
Washington State Office of Public Defense
P.O. Box 40957
Olympia, WA 98504-0957

Questions:

Call (360) 586-3164 ext. 101
Email- Michele.Young@opd.wa.gov

By _____

Signature _____

Date _____

Place of Signing _____

FOR OPD USE ONLY

By: _____ | _____

Approval

Date: _____ | _____